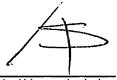
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Mail Stop ISSUE FEE Commissioner for Patents P.O. Box 1450 Alexandria, Virginia 22313-1450 (703) 746-4000



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INSTRUCTIONS: State form should be used for transmitting the ISSUE FEE and PUBLICATION FEE (if required). Blocks 1 through 4 should be completed where orders propriate. All former correspondence including the Patent, advance orders and notification of maintenance fees will be mailed to the current correspondence address as indicating a unass corrected below or directed otherwise in Block 1, by (a) specifying a new correspondence address; and/or (b) indicating a separate "FEE ADDRESS" for maintenance fee notifications.

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(Depositor's name	Nancy Pizzo
(Signature	nancy Posso
(Date	5.11-04

APPLICATION NO.	FILING DATE	FIRST NAMED INVENTOR	ATTORNEY DOCKET NO.	CONFIRMATION NO.
09/827,076	04/05/2001	Stephen A. Empedocles	019916-004300US	6626

TITLE OF INVENTION: TWO-DIMENSIONAL SPECTRAL IMAGING SYSTEM

APPLN. TYPE	SMALL ENTITY	ISSUE F	EE	PUBLICATION FEE	TOTAL FEE(S) DUE	DATE DUE
nonprovisional	NO \$ <del>1330</del> - <b>665</b> \$300		9 <del>1630</del> 965	05/13/2004		
EXAN	INER	ART UN	IT	CLASS-SUBCLASS		
TRAN, M	Y CHAU T	1639		435-288700	_	
1. Change of correspondence address or indication of "Fee Address" (37 CFR 1.363).  ☐ Change of correspondence address (or Change of Correspondence Address form PTO/SB/122) attached.  ☐ "Fee Address" indication (or "Fee Address" Indication form PTO/SB/47; Rev 03-02 or more recent) attached. Use of a Customer Number is required.		names of agents OF firm (havi agent) and	nting on the patent front page up to 3 registered patent t, alternatively, (2) the name ing as a member a registered d the names of up to 2 registor or agents. If no name is listented.	attorneys or ITownser of a single attorney or 2 Mark I stered patent	d&Townsend&Cre	

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Please check the appropriate assignee category or categories (will not be printed on the patent);			corporation or other private group entity	☐ government
4a. The following fee(s) are enclosed:	4b. Payment of Fee(s):			
Issue Fee     ;	A check in the amo	unt of the fee(s)	is enclosed.	
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MAdvance Order - # of Copies ten (10)	X The Director is he Deposit Account Num	reby authorized ber 20-14	by charge the required fee(s), or credit any (enclose an extra copy of this	overpayment, to form).

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Authorized Signature)  Mark D. Barrish, Reg. No. 36, 443  NOTE; The Issue Fee and Publication Fee (if required) will not be accepted from anyone other than the applicant; a registered attorney or agent; or the assignee or other party in interest as shown by the records of the United States Patent and Trademark Office.	05/17/2004 WABRHAM2 00000191 201430 09827076					
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